

## Elevator/Conveyance INSPECTION REPORT

DATE INSPECTED	CERT. EXP DATE	CERT POSTED YES <input type="checkbox"/> NO <input type="checkbox"/>	ALE # (6 digit number)	PERMIT NUMBER	TEMP. CERT. of OPERATION YES <input type="checkbox"/> NO <input type="checkbox"/>
OWNER NAME			NATURE OF BUSINESS		SERIAL NUMBER
OWNER STREET ADDRESS AND P.O.BOX			OWNER CITY	OWNER STATE	OWNER ZIP
LOCATION NAME			SPECIFIC LOC IN BLDG	OBJECT LOCATION COUNTY	
LOCATION ADDRESS			LOC CITY	LOC STATE <b>ALABAMA</b>	LOC ZIP
MANUFACTURER		SPEED (fpm)	RISE	OPENINGS	CAPACITY
<b>EQUIPMENT TYPE</b> Passenger <input type="checkbox"/> Escalator <input type="checkbox"/> Freight <input type="checkbox"/> Material Lift <input type="checkbox"/> Residential <input type="checkbox"/> Moving Walk <input type="checkbox"/> Platform Lifts <input type="checkbox"/> Stairway Chair Lifts <input type="checkbox"/> LU/LA <input type="checkbox"/> Other <input type="checkbox"/> (explain)_____					
<b>Special Billing Instructions:</b> Send Invoice to: Owner <input type="checkbox"/> Location <input type="checkbox"/> Contact Name _____ Send Certificate to Owner <input type="checkbox"/> Location <input type="checkbox"/> Phone Number _____					

V = Violation and must be completed within 30 days. R = Recommendation and must be completed by July 1, 2009 except for door restrictors which have six months from inspection.

<b>Mechanic who installed/altered equipment (AL license #)</b> _____		<b>Adjuster (AL license #)</b> _____	
<b>Signature of Inspector</b>	<b>Inspector AL License #</b>	<b>Company Name</b>	<b>Person contacted and phone number</b>
I certify this is a true and correct report of my inspection.			